Annual Report of the

FEDERAL SECURITY AGENCY

1952

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Office of Vocational Rehabilitation

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Letter of Transmittal

FEDERAL SECURITY AGENCY,
OFFICE OF VOCATIONAL REHABILITATION,
Washington, D. C., October 30, 1952.

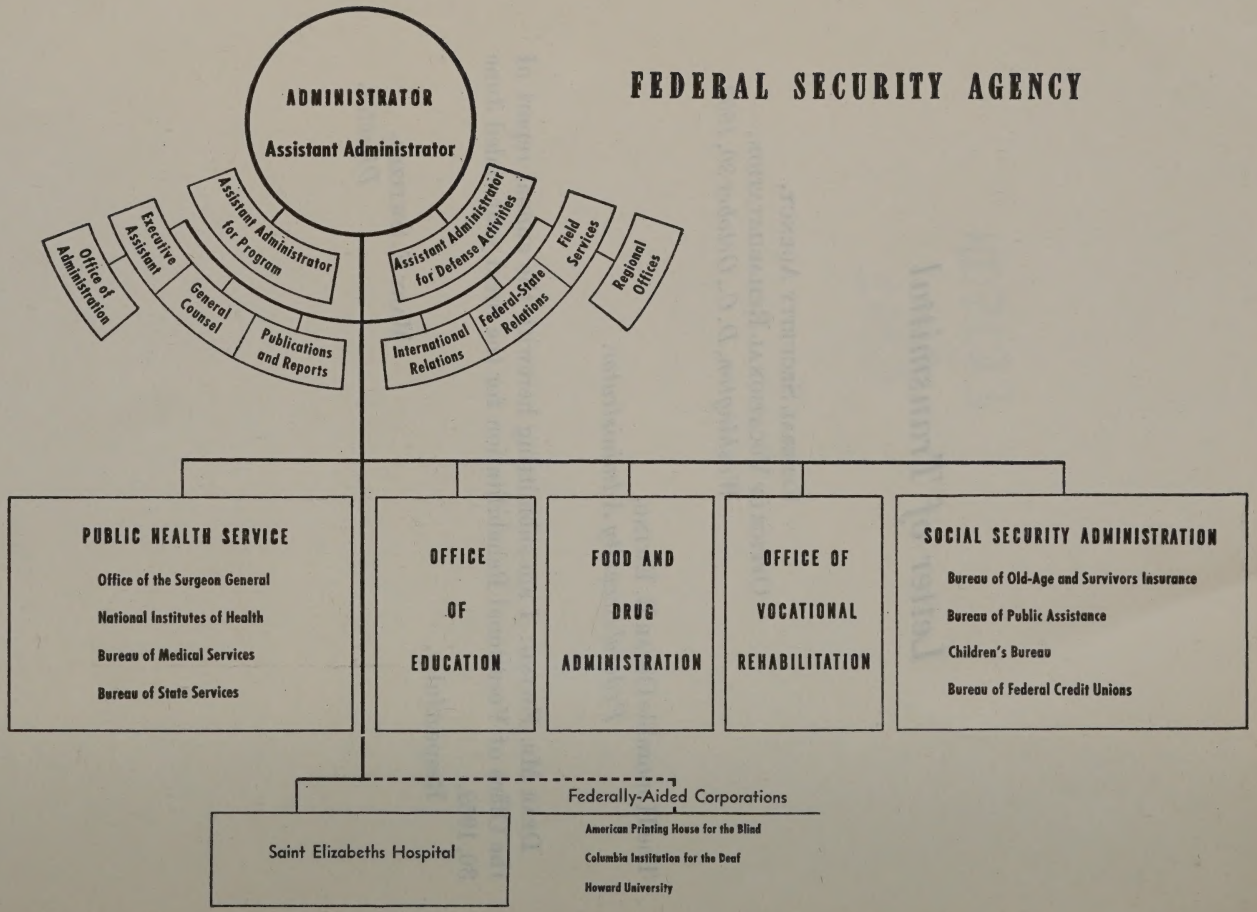
The Honorable OSCAR R. EWING,
Federal Security Administrator.

DEAR MR. EWING: I am submitting herewith the annual report of the Office of Vocational Rehabilitation for the fiscal year ended June 30, 1952.

Respectfully,

MARY E. SWITZER,
Director.

FEDERAL SECURITY AGENCY



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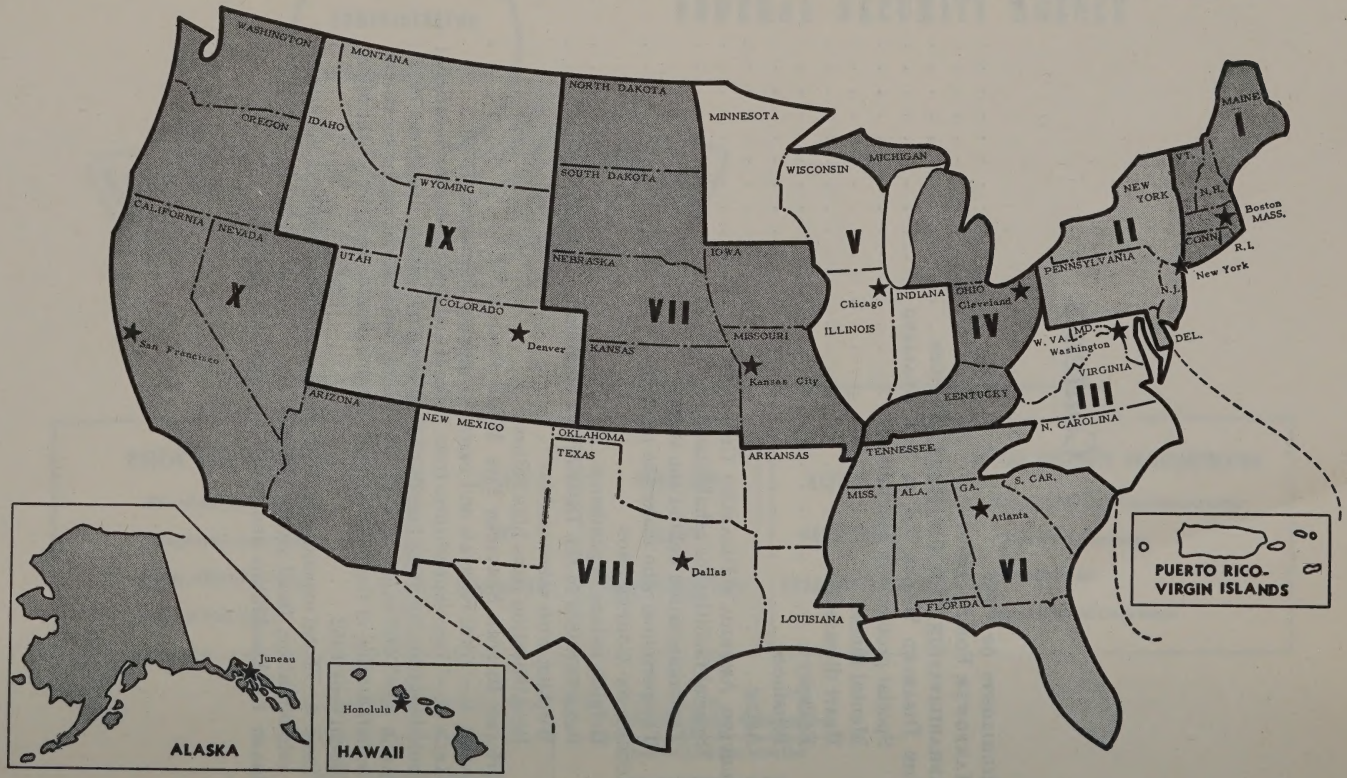
REGIONAL AND TERRITORIAL AREAS AND OFFICES OF THE FEDERAL SECURITY AGENCY



Office of Vocational Rehabilitation

The 12 months ending June 30, 1952, have been marked by notable progress in the entire field of rehabilitation of the Nation's disabled citizens. New and better facilities for serving the severely disabled have been opened. On their own volition, communities across the country are taking stock of what they need to do a better job of restoring their disabled men and women to self-sufficiency and useful work. Public, private, and voluntary agencies are pooling their knowledge and their resources as never before. In so doing, they are helping reduce the burdens of dependency and restore more of our disabled to better living through rehabilitation.

Completing its thirty-second fiscal year of service to the Nation, the State-Federal program for vocational rehabilitation has shared in this progress. In terms of individuals actually restored to useful work, the program rehabilitated 64,000 disabled men and women into successful employment. And it is in these human terms that the worth of its efforts are finally measured.

One of the most striking accomplishments of the Nation's public program for vocational rehabilitation is the reduction and prevention of dependency recorded during the past 12 months. During this period the program restored earning power to more disabled persons who were dependent on public assistance than ever before. One out of every five rehabilitated during the year was taken directly from public assistance rolls. This record was made possible by the growing ties of cooperation which unify representatives of vocational rehabilitation and public welfare agencies in a common effort to restore independence to the disabled who have had to turn to public aid. A substantial number of the men and women rehabilitated during the past year were freed from dependence upon their families or relatives.

Continuing to give high priority to the training of handicapped men and women for defense jobs, the State-Federal program last year placed 1 in every 10 of its rehabilitants in occupations listed as critical by the Department of Labor. One in every five was placed in activities essential to the defense effort, and among those now receiving vocational training 15 percent are being prepared for direct defense jobs.

No record of public vocational rehabilitation during 1952 would be complete without reference to the tremendous economic and social gains brought about through these services to the disabled men and women among us. Security and the road to enduring peace lie in strength; certainly the 100 million man-hours a year of productive effort contributed to our economy by the 64,000 rehabilitated in 1952 add to the strength of the Nation. And the personal benefits to all those served by the program are beyond measurement in statistical or material terms.

In his midyear economic report to the Congress, the President called for economic policies "to help make the economy more productive and more dynamic, and to assure that none who are deserving are excluded from opportunity to play their full part and earn a just reward."

No public program contributes more directly to this aim than does this program to prepare the disabled for work and place them in productive jobs where their skills can help build up our economic strength. And no individuals are more deserving than the 2 million substantially disabled men and women who could work and earn if vocational rehabilitation services were provided for them—or the quarter million persons each year who come to need such help in order to take their rightful places in our labor force.

Highlights of 1952

In addition to the 63,632 persons fully rehabilitated into useful work, 13,813 persons had been rehabilitated and were awaiting only a final follow-up at the year's end to make certain that they are succeeding in their new careers. Another 12,242 had been prepared for work and were awaiting placement on jobs.

The active case load of persons receiving services from the State-Federal program for vocational rehabilitation at the end of the fiscal year was 137,451.

About 10,000 of the men and women rehabilitated during the year went into the skilled trades. Many of these are in occupations listed by the Department of Labor as critical to the defense effort, and many are employed in industries classified as essential. More than 5,200 of the rehabilitants became farmers or agricultural workers. About

1,100 went into the teaching profession; at least 250 qualified professionally as engineers; and about 1,500 entered the health field, including many who took up occupations in which there are critical shortages.

Expenditures from Federal funds for vocational rehabilitation during the fiscal year totalled $22.1 million, and State expenditures amounted to $10.5 million. The cost of operating the entire program for public vocational rehabilitation during the 1952 fiscal year amounted to $514 per individual rehabilitated.

Combined earnings of the 64,000 men and women rehabilitated are estimated at the rate of $100 million a year.

The Territory of Alaska instituted a new program for vocational rehabilitation during the year, thereby making these public services available in the only major political subdivision of the United States which was without them.

Manpower For Security

Disabled men and women who could be rehabilitated into useful work comprise a huge reservoir of unused potential skill and productivity. The importance of this reservoir in the light of America's defense program is self evident. It will be even more important if our defense effort must be intensified. Fortunately, labor shortages have been confined to a few local areas and a few critical occupations. But this fact is no license to waste manpower. Nor does the absence of a general shortage indicate a surplus of manpower available for defense and essential civilian production.

The plain fact, as spelled out in the quarterly reports of the Director of Defense Mobilization, is that *the net requirement of "extra" workers will be about 1 to 1.5 million.* It is the view of the Office of Defense Mobilization that a large proportion of the additional workers needed must come from among the handicapped, many of whom must have the services of vocational rehabilitation before they can work.

The 1951 annual report of OVR called attention to the organization of a Task Force on the Handicapped by the Office of Defense Mobilization. This committee, assisted by OVR staff members, made an exhaustive study of the entire problem of rehabilitating disabled men and women for employment in defense industries. In January the Task Force submitted its report to Chairman Arthur Flemming of the Manpower Policy Committee. This report is a comprehensive picture of the number of disabled men and women in this country; their relation to manpower plans; resources available for rehabilitation, placement, and employment; shortcomings in present services; and steps which should be taken to bring about a wider use of the handicapped.

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Aiming its work at the individual community where handicapped persons live, where jobs exist, and where services must be provided, the Task Force outlined plans whereby each community may make the best use of facilities already in existence.

To carry out these plans, the group made a number of recommendations directly involving the program for vocational rehabilitation. Action already has been taken to get some of these underway. For example, a demonstration project of community organization for serving the handicapped is in preparation, to be conducted in the metropolitan Kansas City area (Missouri and Kansas). Its purpose will be to develop procedures which other communities throughout the country may employ profitably in making the most effective use of their resources.

This pilot project is being sponsored jointly by OVR and the United State Employment Service, with other agencies cooperating. The Kansas City demonstration will make use of the experience gained in earlier community organization work, such as "Operation Knoxville" (reported in the previous Annual Report of the Office of Vocational Rehabilitation), and the projects at Pittsburgh, Binghampton, New York, and San Diego.

In its report, the Task Force warned that "disability will become a major obstacle to national strength and vitality unless a determined and concerted effort is made to cope with it. It is not a matter for the vague future; the problem has shown itself already and will be with us through any prolonged defense mobilization period."

Here are some of the steps being taken and some of the results accomplished in the Nation's effort to cope with the problem of disability.

Rehabilitation Provides Many Services

Vocational rehabilitation agencies provide services to preserve or restore the ability of our disabled people to work for pay. In this program no individual is considered to be rehabilitated until he or she actually is working successfully.

The services of vocational rehabilitation are provided in accordance with the need and disability of each individual accepted. Those numbered 1, 2, 5, 8, and 9 below are provided without cost to the individual. Public funds are used for the others to the extent that the individual cannot pay for them.

There are 9 services in all: (1) Medical diagnostic services to learn the nature and degree of disability and to help determine eligibility for services, the need for additional medical services, and the individual's work capacities; (2) individual counsel and guidance, in-

cluding psychological testing, to help select the right job objective; (3) medical, surgical, psychiatric, and hospital services to remove or reduce the disability; (4) artificial limbs and other prosthetic appliances to increase work ability; (5) training, including occupational training and adjustment training for the blind; (6) maintenance and transportation during treatment or training; (7) tools, equipment, or licenses if these are necessary to give the individual a fair start; (8) placement in a job commensurate with the individual's highest physical and mental capacities; and (9) follow-up to insure that the rehabilitated man or woman is successful and that both he and the employer are satisfied.

Actual services to the disabled are furnished by the States and Territories, with technical assistance and leadership from OVR. This Office, as mentioned earlier, also bears legal responsibility for distributing the Federal share of rehabilitation costs to the States. Thus public vocational rehabilitation in the United States is a partnership between the States (and Territories) and the Federal Government—a State-Federal program to help the disabled to help themselves.

The Disabled Whose Hopes Are Realized

Final tabulation of data for the 1952 fiscal year has not been completed. However, indications are that the information below, which pertains to recently analyzed data of the preceding fiscal year, will apply with little change to those rehabilitated during 1952.

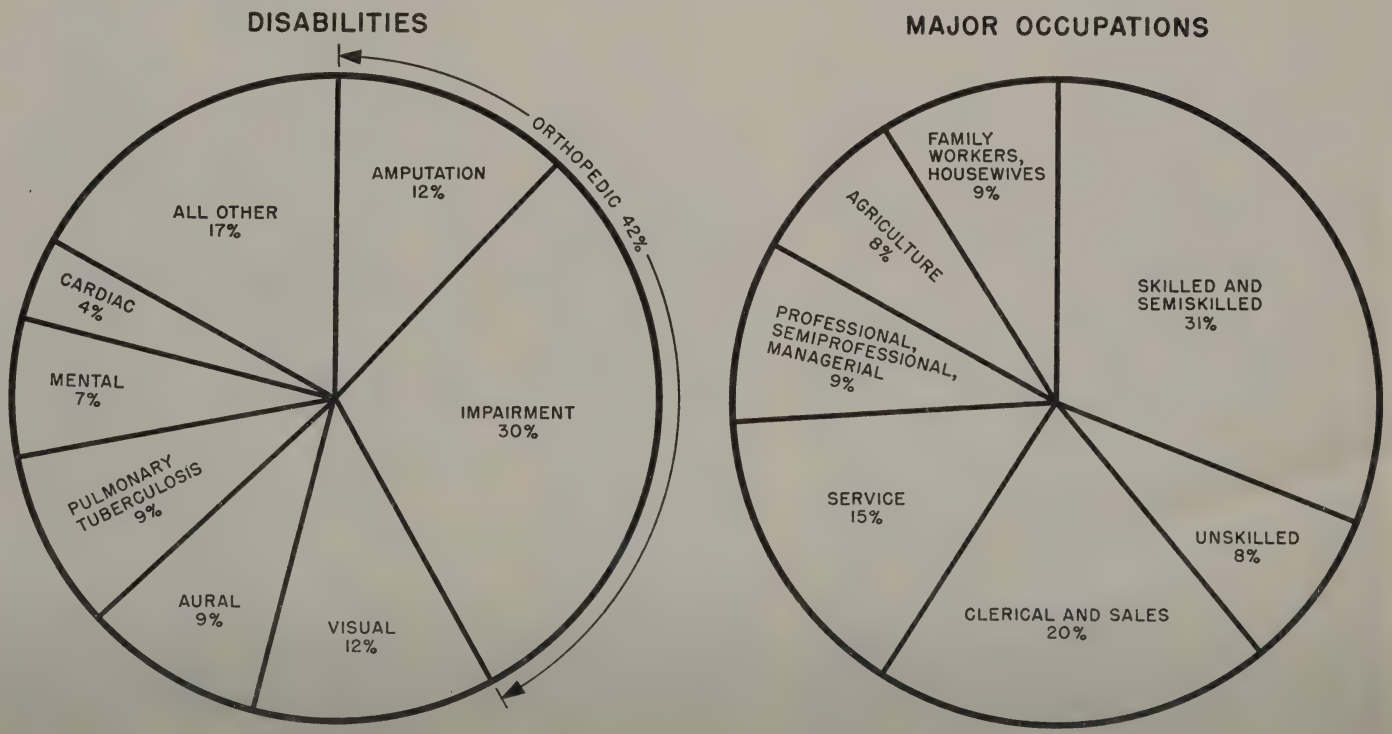
The State-Federal program for vocational rehabilitation serves disabled men and women with virtually every type of defect, and at every age within the range of normal employment. Chart 1 shows the distribution of disabilities of those rehabilitated during the 1951 fiscal year. Of the 42 percent with orthopedic disabilities, about one-fifth became disabled as a result of poliomyelitis, arthritis, or osteomyelitis. About two-fifths incurred their disabilities from injuries in the home, on the highway, at the job, or in other accidents. The remaining two-fifths incurred their orthopedic disabilities from congenital causes or from other diseases.

Chart 1 also shows the distribution of occupations in which the rehabilitated men and women were placed.

At the time of their disablement, the average age of the persons rehabilitated in 1951 was 21, at the time of their acceptance it was 33. Over the past several years a gradual advance in the average age at the time of acceptance has been noted. Two out of 3 of those rehabilitated were men.

Chart 1.—DISABILITIES AND MAJOR OCCUPATIONAL GROUPS

Percent of rehabilitants, by type of disability of acceptance and by major occupational group at closure, fiscal year 1951.



Twenty-six percent were referred for vocational rehabilitation by physicians, hospitals, or health agencies. The fact that 12 percent applied for services on their own volition indicates that the program is becoming well known to the public at large. Ten percent were referred by State Employment Service offices.

In addition to guidance, counseling, and placement, 40 percent of the persons rehabilitated were given physical restoration and 28 percent were given training. Eight percent received *both* physical restoration *and* training.

SPECIAL PROBLEMS IN REHABILITATION

OVR is continuing its emphasis of the need to serve the greatest possible number of severely disabled men and women. Frequently, it is those who need help most who can make the greatest returns to the community and the Nation through the transition from total unemployability to productive work.

Many severely disabled persons require special facilities for their restoration. For many others, new and improved methods in rehabilitation must be developed. Such seriously handicapping conditions as paraplegia, quadriplegia, Parkinson's disease, multiple sclerosis, and muscular dystrophy offer a constant challenge to the field of rehabilitation. Certain other disabling conditions—mental illness, heart disease, epilepsy, blindness—present special problems in the organization and provision of rehabilitation services.

Mental Illness

One of these areas is the rehabilitation of the mentally ill. Many communities are becoming increasingly concerned with the tremendous number of mentally ill patients occupying hospital beds. There is a growing awareness that both the mental hospital and the community must assume greater responsibility for the patient even beyond the hospital doors. Indeed, he very likely will be seeking readmission unless satisfactory social reintegration can be effected.

In many instances suitable employment is the crucial factor in sustaining the emotional balance of the person who has been mentally ill. Vocational rehabilitation offers selective placement and training which, when combined with the services of other community agencies, can do much to develop within the patient that sense of importance and security so necessary for mental health.

Seventeen State agencies now have well-defined programs for the rehabilitation of the mentally ill. Usually, rehabilitation counselors with special qualifications in this field carry the major responsibility for serving clients with mental or emotional disturbances. In addition, over the past several years, a number of States have demonstrated

the value of vocational rehabilitation services as an adjunct to treatment while the patients are still in hospitals. By assigning a rehabilitation counselor to the hospital, where he serves as a part of the treatment team, the patient is provided with tangible incentive. This promotes his recovery and gives him something more to look forward to than merely release from a hosptal existence.

Several studies are under way at the present time in an attempt to determine more fully the total contribution of the vocational rehabilitation counselor in the hospital setting. Experience so far bears out the need for close cooperation of this kind between facilities for treatment of the mentally ill and vocational rehabilitation agencies.

Heart Disease

People with heart disease make up an appreciable segment of our total population—an estimated 9.2 million have cardiovascular-renal diseases. Persons with this type of disability are receiving increasing attention in the State-Federal program for vocational rehabilitation. By no means all individuals with cardiac conditions need rehabilitation, but the number who do need this help is many times greater than the 2,500 individuals with such conditions who were rehabilitated during the past year.

In spite of tremendous advances in diagnosis and treatment, too little attention has been given to the emotional and social aspects of heart disease and to ways in which persons with cardiac damage can retain some measure of self-support. The absence of scientific methods for determining the work capacity of the cardiac patient has been, in part, responsible; perhaps even more important has been the lag in applying the clinical knowledge we now have. The development of "work classification units" in cardiac clinics of hospitals or under other community auspices provides a method for more adequate evaluation of work capacity through the study and "team" evaluation of each patient by a physician, social worker, and vocational counselor.

To accelerate improvement in rehabilitation of cardiacs in every community OVR, in cooperation with the American Heart Association, the Public Health Service, and the United States Employment Service, is fostering the development of work classification units throughout the country.

Epilepsy

Although there are an estimated 800,000 epileptics in the country, relatively few facilities exist for medical diagnosis and treatment. Medical advances have made it possible to control the seizures of approximately three-fourths of these persons, and thus to enable

them to live and work normally in jobs suited to their capacities and limitations.

State agencies, in the past few years, have served an increasing number of persons with epilepsy. For example, Illinois—with excellent facilities for neurological, psychiatric, and psychological examination and treatment—over a 5-year period provided services to 1,261 epileptics. Of these, nearly 700 (51 percent) were placed in gainful employment. At the time of the analysis an additional 7 percent were still receiving training or medical care preparatory to placement.

To bring the benefits of improved therapy to epileptic people throughout the country, OVR has begun a cooperative program with the Public Health Service, the United States Employment Service, the National Epilepsy League, and related voluntary agencies. Objectives of this program are to encourage communities to establish more facilties for diagnosis and treatment of epilepsy, to improve services by more adequate attention to the psychological and social problems associated with the disease, and—through effective selective placement methods—to help minimize public and employer prejudice against employing epileptics.

Blindness

The vocational rehabilitation of the blind (including persons with severe visual disabilities) poses many special problems. In 36 States, special agencies serve the blind exclusively. Many of those who are responsible for placing blind persons in jobs are themselves blind.

During the past fiscal year, some 3,700 blind men and women were rehabilitated into successful employment. The many jobs which they fill involve work which can be done efficiently wthout the use of sight. Blind persons have been rehabilitated into at least 300 different occupations.

In most cases the blind who are served require extensive help in the form of adjustment training in meeting the demands of daily living. Such requirements make the rehabilitation of the blind more costly, in general, than the rehabilitation of persons with other disabling conditions. However, it is also true that rehabilitating a blind man or woman pays exceptionally high returns. This is so because, in most cases, blind rehabilitants are placed in gainful employment from a condition of total idleness and dependency.

There are three major obstacles in the rehabilitation of the blind. First is the scarcity of modern rehabilitation or adjustment centers. Second is the lack of a sufficient number of schools or other facilities which offer vocational training to blind persons. Finally, the re-

luctance of employers to hire qualified blind persons is a difficult and challenging problem.

OVR is concerned with all of these, and is working continuously to overcome them. One solution to the problem of helping the blind with personal adjustment lies in the establishment of more rehabilitation centers which offer adjustment services. Some progress is being made by individual States along these lines. Alabama is the most recent State to offer adjustment services in a center. The adjustment facility now offering service during summer months at Talladega, Ala., has just completed its second season of operation with outstanding results.

Experience has shown that in vocational schools training given to blind students under the same conditions as that given to those who can see produces the best results. The shortage of training facilities for the blind is due largely to the fact that many of the 3,000 well equipped public and private vocational schools do not accept blind students. In order to increase the number of such facilities wherein blind persons can be trained for jobs, OVR carries on a continuing campaign of education and information among educators, employers, and the general public. As a result of this activity during the past year, another State joined those which have opened the doors of their public vocational schools to the blind.

This campaign also serves to create employment opportunities for the blind. However, the major effort of OVR to increase employment opportunities during the past year took the form of help to the States in training counselors who find employment for the blind as part of their rehabilitation. This training helps counselors to do a better job in this difficult and highly specialized field.

The vending stand programs for the blind, administered by the State-Federal program for vocational rehabilitation, have grown into an $18.5 million business providing employment for 1,709 blind men and women and 412 sighted assistants. This volume of gross sales for 1952 establishes a new record for the vending stand program. A total of more than $3.5 million in net earnings accrued to the blind operators of these stands and their helpers during the year. The States expended $686,668 for management services to the 550 stands located in Federal buildings and the 920 stands in non-Federal public buildings and on private premises. From vending stand revenues the States were reimbursed by $511,000.

Thirty-two States maintain Business Enterprises Programs for the blind that have been approved by OVR in accordance with the legal basis for these programs. Business Enterprises Programs offer a wide variety of employment opportunities to qualified blind persons in small independent businesses. These include retail establishments, farming activities, and enterprises that may be carried on at home.

Aging

About 34 percent of the labor force and 39 percent of the general population 15 years of age and over have passed their forty-fifth birthdays. Of the disabled who are 14 to 64 years of age, 64 percent are over 45. However, only about one-fourth of the men and women rehabilitated during the past fiscal year had passed their forty-fifth birthdays when they were accepted for rehabilitation.

The increasing proportion of older people in the population makes it imperative to rehabilitate a larger proportion of the disabled people in this age group. Failure to do so inevitably will result in avoidable increases in the load of public and private dependency.

Serving America's Disabled Civilians

SPECIAL FACILITIES FOR REHABILITATION

During the past year a number of communities displayed increasing concern over their resources available for rehabilitation. This growing interest is evident in community surveys of existing rehabilitation facilities, and in the development of plans for special centers for rehabilitation of the severely disabled.

Only a few of these centers are as yet in operation. Several of them serve the blind exclusively, helping them to learn to live without sight. There is wide variance in the range of services available at the other centers, but all of them share the common purpose of providing more intensive and integrated rehabilitation services than can be supplied elsewhere.

These rehabilitation centers offer comprehensive programs for severely disabled individuals following their active medical or surgical treatment. Generally, the services comprise physical restoration, vocational counseling, psychological evaluation, social service, vocational training, and recreation. The physical restoration services include physical and occupational therapy. Spectacular results are being achieved by rehabilitation centers in restoring work ability to disabled men and women whose cases had been considered all but hopeless.

State vocational rehabilitation agencies purchased services from rehabilitation centers during the past year for greater numbers of their clients than ever before. In response to this increasing use of rehabilitation centers by the State-Federal program, several centers—like those in San Francisco and St. Paul—have expanded their facilities.

It is the position of OVR that the use of well equipped rehabilitation centers constitutes one of the most effective and economical means possible for coping with severe disablement. Because of the urgent

need for more of these centers, OVR is encouraging States and communities to develop them locally. A specialist in this field has been added to the staff of OVR to meet the growing number of requests for technical advice on the establishment and operation of rehabilitation centers.

The opening of a new center at Okmulgee, Okla., was the outstanding development in this field during the past year. The Okmulgee Rehabilitation Center was established by the Oklahoma Agricultural and Mechanical College, School of Technical Training, with the cooperation of the State Division of Vocational Rehabilitation. It has the active support of the State Medical Society and of voluntary agencies interested in rehabilitation.

A medical officer of the Public Health Service with a broad background in physical medicine and rehabilitation was assigned to assist in organizing the medical services of the center, and to furnish these during its formative period. The center now has a permanent full-time medical director who is a specialist in this field, and is in the process of expanding its staff of physical therapists. Its building and other physical facilities are such as to make future expansion virtually unlimited.

The Okmulgee Rehabilitation Center already is stressing the rehabilitation of paraplegics and amputees. The only such center in the Southwest, it has served clients from the vocational rehabilitation agencies of six States.

Oklahoma is the second State to open a rehabilitation center (other than for the blind) as a State-operated institution. Virginia, which opened the Woodrow Wilson Rehabilitation Center at Fishersville in 1947, pioneered in this field. Throughout the past year this center, operated by the State Division of Vocational Rehabilitation, continued to serve clients of the State-Federal program in Virginia and from neighboring States.

Planning for rehabilitation centers is well advanced in a number of communities, including Columbus, Ohio; Philadelphia; Pittsburgh; Des Moines; Chicago; and Los Angeles.

In several States rehabilitation centers for the adjustment of the blind, where the basis for future vocational training is laid, were expanded during the past year.

THE ORGANIZATION BEHIND THE SERVICE

As previously pointed out, public vocational rehabilitation for civilians is conducted by a partnership of the States and Territories with the Federal Government. An approved State plan that meets the requirements of Federal laws is a condition set by Congress as a prerequisite to the certification of funds for vocational rehabilitation.

The State plan sets forth exactly how the State will conduct its program. During the year, 202 revised plans and amendments to these plans were reviewed and approved by OVR.

Evaluation, improvement, and approval of such plans constitute an important obligation of OVR. The staff works continuously with the States to the end that their plans will provide for the highest professional standards of rehabilitation services and the most efficient methods of operation that can be developed.

With regard to the complex problems of meeting the Federal share of vocational rehabilitation expenditures within the funds made available for the fiscal year, OVR has worked closely with the States to find the best means for accomplishing three major objectives. The first of these is the development of a method for distributing available Federal funds in a manner that is fair and equitable to all States. The second is the development of means for stimulating greater financial participation in the program on the part of the States. Finally, OVR constantly is seeking the best methods for channeling Federal funds to assure the maximum achievements in the provision of rehabilitation services.

Federal expenditures for vocational rehabilitation during the fiscal year totaled $22.1 million, and State expenditures amounted to $10.5 million. The law provides that Federal grants-in-aid, administered by OVR, shall cover all necessary costs of administration, counseling, and placement, and half the costs of the other services provided by the State-Federal program. However, since the beginning of the 1950 fiscal year, the Federal funds made available to OVR have been insufficient to meet the Federal share of State expenditures reimbursable under the law.

Many State legislatures during the past fiscal year increased appropriations for this purpose despite mounting pressures for economy. In all, 36 State legislatures passed increases ranging from $2,300 to $348,355.

THE PERSONNEL WHO MAKE THE PROGRAM

Staff development—not only within OVR, but throughout the State-Federal program—received major emphasis during the entire fiscal year. A substantial number of training programs were conducted by OVR with the cooperation of State agencies for vocational rehabilitation and voluntary professional groups.

One of the most important of these was the symposium held last April in Washington for State supervisors of guidance, training, and placement. Designated as the "Fifth Annual Guidance, Training, and Placement Workshop," this undertaking for improvement in professional staffs was attended by representatives of 36 States. A distinguishing feature of this annual symposium was participation for

the first time by consultants from outside the State-Federal program.

Continued progress in rehabilitation depends in large measure upon acceptance by physicians of their responsibilities for patients beyond treatment of the disease process, and upon their cooperation with related professional personnel who serve the disabled.

During the past year OVR, in cooperation with the Institute of Physical Medicine and Rehabilitation of the New York University-Bellevue Medical Center, instituted a program of in-service training for medical consultants employed by State vocational rehabilitation agencies. This program, primarily one of orientation to medical advances in rehabilitation, stressed the clinical aspects of rehabilitation. The first 1-week session, held in May, was attended by 19 medical consultants from 18 States and by several Public Health Service medical officers concerned with chronic disease control.

To supplement such clinical sessions, OVR plans to conduct other staff development programs on the medical phases of vocational rehabilitation through a series of regional meetings with State directors, medical consultants, and supervisors of physical restoration. The purpose of these meetings will be to increase the effectiveness of medical consultants in the administration of vocational rehabilitation.

The staff development program conducted by OVR's Services for the Blind is a major attack on the problem of finding employment for qualified blind rehabilitants. This program during the past fiscal year comprised two in-service training periods for counselors and supervisors of State agencies for the rehabilitation of the blind. Its purpose is to provide the training which will help counselors and supervisors in the rehabilitation—particularly the placement aspects—of blind persons.

Specifically, attention was focused on training the counselors or supervisors to make a more thorough evaluation of each client's rehabilitation potentialities; to improve counseling techniques; and to make more effective use of existing community facilities. Sixty-five counselors or supervisors representing 20 State agencies participated.

As a service to State agencies, OVR provided orientation and training to newly assigned personnel as required. Representatives of three State agencies received this orientation.

Personnel shortages are especially acute in such medically allied fields as physical therapy, occupational therapy, speech therapy, social work, vocational training, and special education for the handicapped. A shortage of well qualified rehabilitation counselors slows up progress in making vocational rehabilitation services available to the disabled who need them.

The shortage of professional workers in this field is one of the serious bottlenecks holding back the establishment of more rehabilitation centers, and in the expansion of existing centers. If it is to be

alleviated, ways of financing expanded professional training must be found, and greater numbers of our youth must be attracted to careers in service to the handicapped. One obstacle to this objective is the fact that these professions which are so vitally concerned with rehabilitation are relatively new and not widely known or understood.

Recognizing this fact, OVR during the past year cooperated with the National Foundation for Infantile Paralysis and the National Society for Crippled Children and Adults in publishing information designed to attract young people to the professions of physical, occupational, and speech and hearing therapy, and special education. This information is embodied in a publication which has been placed in the hands of vocational guidance specialists in schools throughout the Nation.

OVR also has participated with the Public Health Service, the National Foundation for Infantile Paralysis, and other voluntary associations in estimating needs for additional professional personnel for rehabilitation services.

Still another activity that promises progress in overcoming shortages of medical rehabilitation specialists and of those in medically related fields is the joint work that OVR has done with the Public Health Service in assisting its National Institutes of Health to identify needs for rehabilitation personnel. OVR collaborated with the Public Health Service to formulate principles for National Institutes of Health support of training in rehabilitation within the framework of its broader program of supporting training in the health field.

Accent on Cooperation

HELPING REDUCE DEPENDENCY

Of the 64,000 disabled men and women rehabilitated into successful employment during the past year, nearly 1 out of every 5 were on public assistance rolls at the time they were accepted for services. This is the all-time high in restoring to self-support disabled persons who had been dependent on public aid.

Of the public assistance recipients who were rehabilitated, about two thirds of them were being helped by federally aided assistance programs. These are Old-Age Assistance, Aid to the Blind, Aid to the Permanently and Totally Disabled, and Aid to Dependent Children. Looking ahead, it appears that even greater effort will be concentrated on removing disabled persons from public assistance rolls and rehabilitating them into gainful employment.

Behind these gains in the rehabilitation of disabled persons from relief rolls are improved and greatly expanded working relationships between vocational rehabilitation and public assistance agencies. Important advances were made during the past year in the task of

identifying among persons receiving public assistance the disabled who need rehabilitation services and who could benefit from them.

Striking evidence of the teamwork between vocational rehabilitation and public assistance agencies is in the rising proportion of cases referred for vocational rehabilitation from this source. Nearly 30,000 disabled men and women were referred for vocational rehabilitation during the past year by public welfare agencies. This represents 19 percent of the referrals from all sources. The Aid to Dependent Children programs provided the largest number of referrals from any public assistance agencies. Of all public assistance referrals, 37 percent were from this one program.

That as many as 15 percent of these referrals came from the Aid to the Permanently and Totally Disabled program is deeply gratifying and highly significant. One spectacular by-product of rehabilitation of severely disabled persons aided by this program is the change which is being brought about in the concept of what constitutes hopelessness in "permanent and total" disability. In many instances complete hopelessness is giving way to faith in the possibilities offered by rehabilitation.

The economic results of accomplishments of rehabilitation in the field of public assistance are of far-reaching importance. These results highlight the fact that rehabilitation—if given the means—could do far more toward reducing dependency. Here are striking examples of money savings achieved along with social benefits that have no price tag.

The recipients of public assistance who were rehabilitated in 1952 had been costing the taxpayers some $8.5 million per year in assistance payments. With their rehabilitation completed, they are now productive members of the community, and will earn an estimated $22 million in this first year after their rehabilitation. The $6 million spent to rehabilitate these people is less than three-fourths of what it would have cost if they had to be maintained at public expense for a year.

The inference should not be drawn that in all cases—or even in most of them—there is an actual choice between supporting a disabled individual in unwanted idleness and rehabilitating him into self-supporting employment. Perhaps the majority of those who turn to public assistance agencies for aid never could achieve economic independence through rehabilitation because of their age or the duration and extent of their disabilities. However, many who are disabled *could* be restored to gainful employment through the services of vocational rehabilitation. When rehabilitation is feasible, it is by far the better course for the disabled individual, for the taxpayer, and for the community as a whole.

REHABILITATION IN THE DISTRICT OF COLUMBIA

During the fiscal year 1952 the District of Columbia Rehabilitation Service, which is administered by OVR, served 1,600 disabled individuals. Of this number, rehabilitation was complete for 347.

A significant step taken by the District of Columbia Rehabilitation Service during the year was the establishment of an evaluation team consisting of representatives of other community health and welfare agencies as well as members of the staff. Inaugurated on the recommendation of the Rehabilitation Service's Medical Advisory Committee, the evaluation team determines how best to meet each client's needs. It also delineates the responsibilities of each of these several agencies in meeting these needs.

Community organization for meeting the needs of the disabled received major emphasis by the Rehabilitation Service during the past year. One of the first steps taken toward better use of existing facilities was an effort to determine the rehabilitation needs of indigent persons in Washington. The Rehabilitation Service is taking an important part in a survey of medical care for indigents launched by the District of Columbia Citizens' Committee.

In cooperation with the District of Columbia Health Department, the Rehabilitation Service sponsored the establishment of a work-evaluation center at Gallinger Hospital to enable disabled individuals to develop work tolerance and determine their vocational interests. This center supplements the program of physical medicine and rehabilitation already in operation at the hospital.

It is noteworthy that the Chief of the Rehabilitation Service was awarded a citation by the District of Columbia Citizens' Committee during National Employ the Physically Handicapped Week for outstanding service in promoting employment opportunities for the physically handicapped.

WORKING WITH OTHER NATIONS

America traditionally is ready to share her know-how with foreign neighbors, and equally ready to benefit by the wisdom and experience of other peoples. Such is the good will that unifies the peoples of friendly nations in common strength and common purpose. During the past year it has been the privilege of the staff of OVR to take part in this interchange of ideas in the field of rehabilitation with the representatives of many foreign nations. From these activities the staff has gained at least as much as it has given—and possibly even more.

With the State Department, OVR continued to assist the United Nations with planning and carrying out international programs for the rehabilitation of the disabled in many lands. In addition to preparing material on rehabilitation for the use of American delega-

tions to the United Nations and for the United Nations organization itself, OVR assisted other countries directly in initiating or expanding their rehabilitation programs. During the past year OVR helped more than 100 foreign visitors in their study or observation of rehabilitation services in the United States.

The first technical assistance project in rehabilitation under the Point IV Program officially got underway when a rehabilitation consultant recruited by OVR was assigned to the United States Field Party in Mexico last February. OVR will continue to provide technical backstopping to this project, the aim of which is the development of a comprehensive national program of rehabilitation.

One of the highlights of OVR activities in international affairs during the past year was participation by the Director in the Stockholm Conference of the International Society for the Welfare of Cripples, held last September. Here, gathered from all parts of the world, were professional men and women dedicated to the interests of the disabled. Through this Congress, new hope for the handicapped was distilled of collective experience and a concerted international attack upon the problems of disablement.

The memorial celebration of the one hundredth anniversary of the death of Louis Braille, held in Paris during June, was another important international activity shared by OVR. This memorial to the man who developed the system of reading and writing used by blind people throughout the world provided an opportunity for the Chief of OVR's Services for the Blind to study programs in Eire, North Ireland, England, and France.

REHABILITATION PAYS HIGH RETURNS

The individual and social gain that stems from every succesful rehabilitation is something that is beyond measurement in terms of man hours or tax dollars or increasing earnings. Each triumph of rehabilitation over disability is a reward to the man or woman whose determination has made the victory possible. And each such achievement is amplified by important benefits to the children, the family, and the community of the individual who has surmounted disability to attain a career.

But—inadequate though they may be—there are statistical measures for accomplishments growing out of the Nation's investment in human welfare through vocational rehabilitation. By far the simplest of these is the dollars-and-cents of the cost balanced against the tax revenues paid back by those who were rehabilitated.

A great majority of the men and women rehabilitated during the past year—more than three-fourths of them—were not employed at the time that services to them were begun. Twelve percent of the total had never worked at all. Those who were employed were gen-

erally working at jobs that for them were unsafe or otherwise unsatisfactory, or only temporary. Their combined earnings, before they were rehabilitated, amounted to only $17 million. After rehabilitation, they were earning wages at the rate of $115 million a year in jobs for which they were specifically prepared and in which they were making good. This estimate does not include wages earned by farm or family workers, whose earnings were not reported.

Federal income taxes paid by these individuals will amount to an estimated $10.4 million a year. At this rate it will take less than 3 years for these men and women to pay back into the Federal Treasury in income taxes alone the entire $22.1 million of Federal funds spent on their rehabilitation—including costs of administering the program. In addition, they will pay State and local taxes on their earnings.

Tax revenues paid to Federal and State Governments by those who have been rehabilitated continue for as many years as these men and women work and earn. But the money spent on their rehabilitation is spent only once. During their working lives, they will pay in income taxes more than $10 for every single Federal dollar spent on their rehabilitation.

The dependency which so often is a product of disability by no means is limited to dependency upon public welfare. The tremendous number of disabled men and women who are dependent upon their families, other relatives, or private welfare organizations represent a great loss to the Nation's economy.

Some idea of the extent of this dependency can be gained from the fact that nearly one half of those rehabilitated last year were dependent on their families. An equal number themselves had one or more dependents. The rehabilitation of disabled men and women dependent upon relatives lifts a great financial burden from many families that are staggering under the attendant costs.

The mounting urgency of reducing dependency has been brought sharply into focus by Dr. Howard A. Rusk, internationally known authority on rehabilitation and a consultant to OVR. This is his warning to the Nation: "If we don't do something about using the disabled, the chronically ill and the older age group in our economy, by 1980 for every able-bodied worker in America there will be one physically handicapped, one chronically ill, or one beyond the age of 65 on that worker's back."

Toward Better Services for More People

Public vocational rehabilitation has come a long way in the 32 years it has been meeting the needs of some of the Nation's disabled men and women. Most of its progress has been made since 1943, when

the Barden-LaFollette Act established physical restoration as an essential part of its services. Prior to the enactment of that legislation, it was necessary for the program to "train around" the disabilities of its clients in order to fit them for work that they could do.

Today, in contrast, the program can and does provide medical services to restore lost functions—and even to save human life. The 466,000 disabled men and women rehabilitated since 1943 were provided with far more complete service than the 210,000 rehabilitated during the 23 preceding years of the program's existence. And as medicine continues its advances in the unending fight against disease and disability, vocational rehabilitation is presented with new opportunities for even greater services to the handicapped.

Still, the annual rehabilitation of some 64,000 disabled Americans is far short of the quarter of a million who come to need these services every year, and who could benefit from them. It is far short of the number needed to make significant inroads on the backlog of 2 million or more disabled Americans who need vocational rehabilitation in order to enjoy the full benefits of living and working in the United States.

The practicability of a public rehabilitation program in the United States which offers service not just to the portion of the disabled now being served—but to every disabled American who needs this help—is clearly indicated by the economics of the program.

To achieve this goal, legislation is needed to enable the State-Federal program to meet its full share of responsibility in serving the disabled. One of the most urgent needs is for Federal financial participation in the establishment of rehabilitation centers for the severely disabled and for the adjustment of blind persons. This would provide sorely needed facilities on the most economical basis possible.

A second need is for Federal participation in the establishment of sheltered workshops, wherein men and women who are too severely disabled for competitive employment could still reap the benefits of working for pay. Such workshops would be self-supporting, would free many of our severely disabled from dependency, and would make valuable contributions to the Nation's production for defense.

Expansion of the Randolph-Sheppard Act, which governs the operation of vending stands by the blind in Federal buildings, is recommended as a means for increasing the limited opportunities available to the thousands of blind persons who need the chance to earn their own livings.

These are the steps toward better services for more people who need the helping hand of vocational rehabilitation. They are steps toward greater strength for the Nation—and toward greater security for millions of its people.

Table 1.—*Total referrals and cases, by agency, fiscal year 1952*

[Corrected to August 1952]

Agency [1]	Total	Number closed during fiscal year 1952					Number on rolls, June 30, 1952	
		From active case roll				From referred status [4]	Active case roll [5]	In referred status [6]
		Employed (rehabilitated)	Unemployed [2]	Transferred to another agency	Other reasons [3]			
United States, total	385,492	63,632	5,320	603	21,474	61,622	137,451	95,390
General agencies, total	361,505	60,412	4,778	550	20,571	56,436	129,277	89,481
Agencies for the blind, total	23,987	3,220	542	53	903	5,186	8,174	5,909
Alabama	10,909	1,721	229	6	352	521	4,637	[7] 3,443
Alaska	21	2	0	0	0	2	16	[7] 1
Arizona:								
General	1,187	193	76	42	41	115	294	426
Blind	188	20	8	0	17	54	42	47
Arkansas	7,090	1,066	37	7	588	1,260	2,516	1,616
California	32,416	3,922	763	24	1,585	6,336	7,960	11,826
Colorado:								
General	2,530	514	11	61	189	526	831	398
Blind	288	47	1	2	9	27	89	113
Connecticut:								
General	5,183	1,143	202	28	601	437	2,235	537
Blind	272	47	17	2	11	48	109	38
Delaware:								
General	1,712	440	13	2	84	266	726	181
Blind	101	35	13	0	2	5	40	6
District of Columbia	2,785	347	130	10	221	906	884	287
Florida:								
General	9,426	1,692	127	22	422	1,597	4,100	1,466
Blind	3,240	239	61	7	52	1,474	536	871
Georgia	25,552	3,194	169	21	875	2,403	7,783	11,107
Hawaii:								
General	1,839	219	63	13	13	93	516	922
Blind	149	24	0	0	11	11	69	34
Idaho:								
General	1,538	150	12	7	10	425	247	687
Blind	90	14	4	1	3	18	36	14
Illinois	13,554	4,049	177	13	824	1,208	5,923	1,360
Indiana:								
General	5,597	1,095	88	19	324	386	3,001	684
Blind	416	92	[7] 29	3	35	33	190	34
Iowa:								
General	4,708	833	25	0	254	723	1,624	1,249
Blind	223	27	2	0	11	62	71	50
Kansas:								
General	3,833	693	80	14	206	872	1,065	903
Blind	256	59	6	1	32	29	80	49
Kentucky	4,661	722	30	4	372	955	1,518	1,060
Louisiana:								
General	7,411	1,300	59	16	270	939	3,308	1,519
Blind	956	90	1	0	20	91	343	411
Maine:								
General	1,769	225	29	2	98	358	544	513
Blind	175	29	13	1	10	51	59	12
Maryland	6,871	1,028	61	7	558	701	2,698	1,818
Massachusetsts:								
General	5,524	705	58	3	377	1,200	1,448	1,733
Blind	1	0	0	0	0	0	1	0
Michigan:								
General	16,964	3,365	546	27	408	2,040	7,490	3,088
Blind	678	135	55	4	61	91	250	82
Minnesota:								
General	6,045	746	44	3	174	1,194	2,343	1,541
Blind	699	128	2	0	58	167	252	92
Mississippi:								
General	4,746	950	44	9	80	619	2,037	1,007
Blind	722	138	43	0	26	132	302	81
Missouri:								
General	6,030	1,113	44	2	478	864	2,594	935
Blind	680	130	29	0	16	73	317	115
Montana:								
General	1,936	378	13	2	83	336	690	434
Blind	210	23	2	0	19	84	55	27
Nebraska:								
General	1,927	558	21	4	31	130	905	278
Blind	262	35	6	1	7	40	80	93

See footnotes at end of table.

Table 1.—*Total referrals and cases, by agency, fiscal year 1952*—Continued

[Corrected to August 1952]

Agency [1]	Total	Number closed during fiscal year 1952					Number on rolls, June 30, 1952	
		From active case roll				From referred status [4]		
		Employed (rehabilitated)	Unemployed [2]	Transferred to another agency	Other reasons [3]		Active case roll [5]	In referred status [6]
Nevada	416	56	0	1	58	141	121	39
New Hampshire:								
General	786	96	14	3	105	153	250	165
Blind	72	16	1	0	8	6	34	[7] 7
New Jersey:								
General	4,612	977	94	10	173	786	1,959	613
Blind	759	99	45	0	28	203	303	81
New Mexico:								
General	1,433	207	15	1	44	351	421	[7] 394
Blind	126	20	5	1	2	19	49	30
New York:								
General	20,698	4,189	460	5	3,031	2,503	8,304	2,206
Blind	1,482	298	58	2	48	200	472	404
North Carolina:								
General	10,937	2,634	68	1	446	1,511	4,514	1,763
Blind	2,224	364	11	5	49	469	1,089	[7] 237
North Dakota	1,521	204	5	3	51	341	404	513
Ohio:								
General	6,458	1,163	51	9	340	1,367	1,999	1,529
Blind	1,125	164	21	1	55	108	579	197
Oklahoma	7,472	1,282	30	12	567	666	3,778	1,137
Oregon:								
General	6,204	575	28	11	334	1,407	1,690	2,159
Blind	342	42	6	1	15	120	117	41
Pennsylvania:								
General	20,328	3,352	107	20	1,455	3,920	5,989	5,485
Blind	2,931	222	23	4	76	349	870	1,387
Puerto Rico	5,274	691	73	2	167	1,000	1,507	1,834
Rhode Island:								
General	1,664	305	32	2	31	254	710	330
Blind	179	24	0	0	8	0	141	6
South Carolina:								
General	8,897	1,741	59	9	236	1,768	3,062	2,022
Blind	570	75	17	1	37	185	148	[7] 107
South Dakota:								
General	927	135	0	2	23	54	478	235
Blind	119	25	0	1	14	21	41	17
Tennessee:								
General	7,554	1,769	84	3	276	1,081	2,539	1,802
Blind	1,066	100	16	2	68	128	403	349
Texas:								
General	16,389	2,189	106	19	530	2,149	6,626	4,770
Blind	2,088	246	11	1	52	637	500	641
Utah	1,900	369	25	1	27	298	711	469
Vermont:								
General	999	164	21	2	82	187	327	216
Blind	128	17	9	1	1	21	52	27
Virginia:								
General	12,054	1,667	62	25	1,071	3,406	3,301	2,522
Blind	307	36	25	2	7	116	64	57
Washington:								
General	7,126	997	56	11	160	967	2,336	2,599
Blind	312	63	2	8	20	14	172	33
West Virginia	15,877	1,780	88	13	1,746	3,587	4,512	4,151
Wisconsin:								
General	6,962	1,332	129	11	84	811	3,477	[7] 1,118
Blind	551	97	0	1	15	100	219	119
Wyoming	1,253	175	20	6	16	316	329	391

[1] In States which have 2 agencies, the agency under the State board of vocational education is designated as "general," and the agency under the State commission or other agency for the blind is designated as "blind."

[2] Closed after rehabilitation plan was agreed upon and approved by supervising official; received rehabilitation service but never reached the point of employment because of personal factors, illness, aggravated disability, etc.

[3] Closed following acceptance during process of counseling or prior to initiation of rehabilitation plan, because of indifference of client, probable increase in degree of disability of client, loss of contact with client, etc.

[4] Services declined, services not needed, individual not eligible, individual needing services other than vocational rehabilitation, referred to other agencies, migratory shifting of the individual, etc.

[5] In process of rehabilitation on June 30, 1952.

[6] Eligibility for rehabilitation not determined.

[7] Adjusted.

Table 2.—*Total expenditures from Federal and State funds for vocational rehabilitation by State boards of vocational education, fiscal year 1952* [1]

State or Territory	Federal and State funds			Classification of expenditures		
	Total	Federal	State	Administration	Vocational guidance and placement services	Purchased services
United States, total	$29,485,893	$19,737,425	$9,748,468	$1,654,573	$9,150,939	$18,680,381
Alabama	966,891	598,425	368,466	32,846	243,545	690,500
Arizona	93,928	64,542	29,386	6,023	31,844	56,061
Arkansas	459,085	314,440	144,645	21,669	148,126	289,290
California	2,138,057	1,501,121	636,936	87,142	825,847	1,225,068
Colorado	177,950	131,528	46,422	8,184	76,921	92,845
Connecticut	378,992	256,381	122,611	34,424	147,980	196,588
Delaware	194,872	127,458	67,414	13,277	61,787	119,808
Florida	811,601	523,200	288,401	27,736	232,380	551,485
Georgia	2,051,657	1,353,592	698,065	88,281	567,245	1,396,131
Idaho	68,896	45,963	22,933	2,539	20,492	45,865
Illinois	1,771,918	1,199,861	572,057	122,602	505,203	1,144,113
Indiana	490,706	325,248	165,458	36,511	123,280	330,915
Iowa	387,860	271,808	116,052	29,780	125,977	232,103
Kansas	257,827	175,798	82,029	13,478	80,291	164,058
Kentucky	223,313	145,291	78,022	20,944	81,134	121,235
Louisiana	661,212	465,319	195,893	33,632	235,793	391,787
Maine	107,905	73,097	34,808	10,574	32,605	64,726
Maryland	487,593	348,651	138,942	25,389	184,320	277,884
Massachusetts	357,924	215,262	142,662	24,975	155,652	177,297
Michigan	1,348,028	919,635	428,393	99,728	393,117	855,183
Minnesota	377,137	256,740	120,397	24,330	111,910	240,897
Mississippi	511,266	344,615	166,651	26,087	151,878	333,301
Missouri	548,710	379,535	169,175	22,776	187,583	338,351
Montana	174,513	126,965	47,548	10,797	68,620	95,096
Nebraska	235,423	157,636	77,787	15,257	64,592	155,574
Nevada	32,320	24,293	8,027	1,454	14,811	16,055
New Hampshire	61,470	42,301	19,169	6,535	16,597	38,338
New Jersey	491,609	348,111	143,498	32,255	172,358	286,996
New Mexico	128,513	85,384	43,129	10,142	30,914	87,457
New York	1,747,157	1,151,606	595,551	123,942	635,733	987,482
North Carolina	899,056	560,309	338,747	38,978	182,583	677,495
North Dakota	142,134	92,407	49,727	10,935	31,745	99,454
Ohio	493,671	321,551	172,120	28,966	173,380	291,325
Oklahoma	717,673	484,287	233,386	30,982	219,918	466,773
Oregon	364,931	235,434	129,497	14,169	118,758	232,004
Pennsylvania	2,161,150	1,432,364	728,786	108,587	594,990	1,457,573
Rhode Island	120,735	83,520	37,215	9,707	36,598	74,430
South Carolina	655,911	453,369	202,542	46,288	204,540	405,083
South Dakota	91,302	59,339	31,963	7,168	20,208	63,926
Tennessee	766,121	514,118	252,003	47,316	214,800	504,005
Texas	1,218,503	813,466	405,037	51,765	356,665	810,073
Utah	143,167	108,452	34,715	7,033	66,704	69,430
Vermont	111,451	73,152	38,299	6,597	28,255	76,599
Virginia	683,886	435,571	248,315	36,948	196,221	450,717
Washington	810,026	488,342	321,684	61,500	230,289	518,237
West Virginia	729,966	502,864	227,102	29,721	246,041	454,204
Wisconsin	679,242	466,525	212,717	29,138	224,249	425,855
Wyoming	111,562	79,601	31,961	4,245	43,395	63,922
Alaska	7,323	6,790	533	1,478	4,779	1,066
District of Columbia	265,065	180,065	85,000	27,041	95,487	142,537
Hawaii	176,320	119,173	57,147	11,662	50,364	114,294
Puerto Rico	392,365	252,920	139,445	31,040	82,435	278,890

[1] Based on reports from States, subject to audit.

Table 3.—*Total expenditures from Federal and State funds for vocational rehabilitation of the blind by State commissions or agencies for the blind, fiscal year 1952* [1]

State or Territory	Federal and State funds			Classification of expenditures		
	Total	Federal	State	Administration	Vocational guidance and placement services	Purchased services
United States, total	$3,203,460	$2,385,012	$818,448	$263,594	$1,412,217	$1,527,649
Arizona	25,618	19,952	5,666	5,103	9,183	11,332
Colorado	47,897	35,399	12,498	3,574	19,327	24,996
Connecticut	32,407	26,962	5,445	2,177	19,339	10,891
Delaware	50,127	35,155	14,972	3,807	16,375	29,945
Florida	232,743	177,083	55,660	26,671	97,100	108,972
Idaho	16,290	13,642	2,648	681	10,366	5,243
Indiana	60,976	47,840	13,136	4,419	30,284	26,273
Iowa	23,381	17,467	5,914	2,359	9,617	11,405
Kansas	63,343	48,540	14,803	3,713	34,499	25,131
Louisiana	95,950	77,945	18,005	5,750	54,190	36,010
Maine	35,846	22,059	13,787	2,869	16,538	16,439
Massachusetts	4,852	4,602	250	1,222	3,130	500
Michigan	128,548	89,608	38,940	17,593	65,739	45,216
Minnesota	89,094	66,724	22,370	4,191	40,162	44,741
Mississippi	113,960	88,668	25,292	8,145	55,231	50,584
Missouri	105,644	84,342	21,302	4,693	58,347	42,604
Montana	33,466	25,204	8,262	2,405	14,537	16,524
Nebraska	48,408	35,869	12,539	1,234	22,097	25,077
New Hampshire	11,112	10,270	842	944	8,483	1,685
New Jersey	112,085	92,038	20,047	5,816	66,176	40,093
New Mexico	21,751	16,414	5,337	3,025	8,053	10,673
New York	320,096	226,496	93,600	21,032	110,664	188,400
North Carolina	316,735	222,002	94,733	17,424	109,846	189,465
Ohio	185,992	131,000	54,992	30,080	75,845	80,067
Oregon	53,567	36,449	17,118	2,338	16,992	34,237
Pennsylvania	287,859	221,454	66,405	25,848	129,201	132,810
Rhode Island	35,204	26,765	8,439	3,700	16,845	14,659
South Carolina	36,561	28,626	7,935	1,863	20,573	14,125
South Dakota	23,951	17,614	6,337	2,164	9,112	12,675
Tennessee	179,294	131,848	47,446	9,671	74,730	94,893
Texas	197,988	153,340	44,648	18,221	90,470	89,297
Vermont	22,424	17,317	5,107	2,954	9,255	10,215
Virginia	42,892	28,561	14,331	3,280	10,951	28,661
Washington	53,389	31,613	21,776	6,133	29,178	18,078
Wisconsin	62,022	52,119	9,903	5,307	36,908	19,807
Hawaii	31,988	24,025	7,963	3,188	12,874	15,926

[1] Based on reports from States, subject to audit.

Table 4.—*Total expenditures from Federal and State funds for vocational rehabilitation, fiscal years 1921–52*

Year	Expenditures			Percent	
	Total	Federal funds	State and local funds	Federal funds	State and local funds
1921	$284,684	$93,336	$191,348	32.8	67.2
1922	736,268	312,463	423,805	42.4	57.6
1923	1,188,081	525,281	662,800	44.2	55.8
1924	1,242,558	551,095	691,463	44.4	55.6
1925	1,187,219	519,553	667,666	43.8	56.2
1926	1,273,572	578,941	694,631	45.5	54.5
1927	1,406,757	631,376	775,381	44.9	55.1
1928	1,541,121	653,858	887,263	42.4	57.6
1929	1,490,180	664,739	825,441	44.6	55.4
1930	1,699,710	739,373	960,337	43.5	56.5
1931	2,042,710	932,718	1,109,992	45.7	54.3
1932	2,185,876	998,489	1,187,387	45.7	54.3
1933	2,176,080	998,589	1,177,491	45.9	54.1
1934	2,079,905	915,659	1,164,246	44.0	56.0
1935	2,247,948	1,031,818	1,216,130	45.9	54.1
1936	2,602,657	1,229,692	1,372,965	47.2	52.8
1937	3,319,096	1,513,441	1,805,655	45.6	54.4
1938	3,862,163	1,790,843	2,071,320	46.4	53.6
1939	3,991,664	1,832,964	2,158,700	45.9	54.1
1940	4,107,806	1,972,274	2,135,532	48.0	52.0
1941	4,711,138	2,281,941	2,429,197	48.4	51.6
1942	5,205,143	2,556,969	2,648,174	49.1	50.9
1943	5,629,923	2,761,748	2,868,175	49.1	50.9
1944	6,371,992	4,051,551	2,320,441	63.6	36.4
1945	9,855,544	7,135,441	2,720,103	72.4	27.6
1946	13,749,488	10,002,239	3,747,250	72.7	27.3
1947	19,313,344	14,188,933	5,124,411	73.5	26.5
1948	24,568,814	17,706,843	6,861,971	72.1	27.9
1949	25,818,839	18,215,683	7,603,156	70.6	29.4
1950	29,346,824	20,340,142	9,006,682	69.3	30.7
1951	30,272,854	21,001,388	9,271,466	69.4	30.6
1952	32,689,353	22,122,437	10,566,916	67.7	32.3

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